

# STUDENT SCREENING REPORT

NAME OF STUDENT		DOB	STUDENT ID#	
DATE OF ENTRY	DATE OF SCREENING		TEACHER	
<p style="text-align: center;"><b>1. VISION</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Holds book too close or too far</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Squints or has trouble seeing board</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trouble with eyes</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Weak note-taking skills</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p> <p>Referred to: _____</p>			<p style="text-align: center;"><b>6. SOCIAL or BEHAVIORAL</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Displays externalizing behaviors (fighting, assaulting, vandalizing)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Displays internalizing behaviors (fears, phobias, depression, withdrawn)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Difficulty with unstructured environments or transitions between activities</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Difficulty developing or maintaining peer or adult relationships</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inappropriate types of behavior or feelings under normal circumstances</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Short attention span</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p>	
<p style="text-align: center;"><b>2. HEARING</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does not respond to name, directions, or questions in class</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frequently asks for information to be repeated or asks "What?"</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Significantly delayed language</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frequent ear aches</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Seems not to pay attention</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p> <p>Referred to: _____</p>			<p style="text-align: center;"><b>7. MOTOR</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems with gross motor development (clumsy or awkward)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problems with fine motor skills (reaching, grasping, manipulation of objects)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p>	
<p style="text-align: center;"><b>3. COMMUNICATION</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor speech habits</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Articulates poorly</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Often stutters</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Difficulty expressing ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Difficulty responding to instructions</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p>			<p style="text-align: center;"><b>8. TRANSFER STUDENT RECORDS REVIEW</b></p> <p>Last grade attended: _____ Year attended: _____</p> <p>Last school attended: _____</p> <p>Date records requested: _____ Received: _____</p> <p>Date records viewed: _____ Reviewer: _____</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> History of poor performance or progress in school</p> <p>If so, referred to: _____</p> <p>Please explain any items marked "yes": _____</p>	
<p style="text-align: center;"><b>4. COGNITIVE or ACADEMIC</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Learns very slowly compared to peers.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Attention problems (short attention span, focused on less relevant stimuli)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Below grade level in reading</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Below grade level in writing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Below grade level in math</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Difficulty recalling information</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p>			<p style="text-align: center;"><b>9. PRIMARY LANGUAGE SURVEY</b></p> <p>Home Language Survey completed: _____</p> <p>If the answer to any of the three questions on the survey was other than English, an English language proficiency assessment must be done.</p>	
<p style="text-align: center;"><b>5. ADAPTIVE DEVELOPMENT</b></p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor self-care skills related to personal hygiene, dress, maintaining personal belongings</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor social skills related to working cooperatively with peers, social perceptions, response to social cues, or socially acceptable language</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Poor ability to understand directions, communicate needs and express ideas</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lack of school coping behaviors related to attention to learning tasks, organizational skills, questioning behavior, following directions, and monitoring use of time</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Please explain any items marked "yes": _____</p>			<p style="text-align: center;"><b>10. ADMINISTRATIVE ACTION</b></p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No problem at this time.</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Problem noted. Action taken below.</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parents notified in 10 school days if concerns were noted</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Referred for student study team</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Referred for 504 plan</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Referred to appropriate program administrator</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____</p> <p>Administrator's Signature and Date: _____</p>	